

Change—the only constant

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I remember, just a few years ago, scoffing at the pioneers of computerized growth prediction because their methods were less than perfect. We still cannot predict growth with the desired accuracy, but just look how far we have come with the boom in office computerization and video imaging. Grubb et al., in their article entitled "Clinical and scientific applications/advances in video imaging" document the early efforts of several clinicians with vision.

Although current research indicates that using the computer to predict anything other than tooth movement and surgical skeletal change is probably unreliable, other uses are proving indispensable. Video imaging greatly enhances patient understanding, aids in building realistic treatment expectations, and leads to greater patient acceptance while providing interactive informed consent.

"The emergence of video imaging represents the blending of several trends in orthodontic diagnosis and treatment planning," notes Dr. John Grubb. It is a logical conclusion to the development of visual treatment objectives (VTOs). It provides a means to address the esthetic concerns of patients—thereby facilitating the decision to proceed with or forego treatment. And finally, it facilitates communication between different specialties as well as between professionals and patients to help ensure that all expectations are addressed.

On another subject, it seems as though we've spent a lifetime trying to determine why the results of our treatment are not 100% permanent. Perhaps we need to spend more time studying the normal aging process if we really want to understand what happens to the dentition over time. This is just what Bishara et al. have done in their article on page 417 entitled "Changes in the dental arches and dentition between 25 and 45 years of age." The Iowa Facial Growth Study provided the sample of long-term (20 years) untreated males and females for evaluation. Just as you might surmise, these individuals experienced significant increases in dental crowding. The severity of the crowding differed in each arch and in each sex but was more pronounced in the mandibular segments. Intercanine width decreased significantly while the loss of arch length occurred in both anterior and posterior segments.

"Overall, the findings of this study suggest that age-related changes in the dental arches do not cease with the onset of adulthood, but continue, albeit at a slower rate, throughout adult life," notes Bishara.

With these findings so well-documented, why is it so hard to believe that our patients will have some relapse of dental alignment 20 years from now?

I hope you enjoy these two papers as well as others in the last issue of 1996.